

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	JT	6205	04 00
<b>O.I.P.E. CLASSIFIER</b>		59	
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>	SB	5822	10-11-00

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
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If more than 150 claims or 10 actions  
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